V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24150

Registration District No. 147 Primary Registration District No. 5569 Registrar's No. 195

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: RURAL (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R. # 2 K.C.Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: RURAL (If outside city or town limits, write "RURAL")
(d) Street No.: R.R.# 2 Kansas City, Mo. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) If yes, name country .....

3. (a) PRINT FULL NAME: MARTIN DE HUES
3. (b) If veteran, name war: *******
3. (c) Social Security No.: ******
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Eva Mae DeHues
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: February (Month) 17 (Day) 1881 (Year)

8. AGE: Years 64 Months 3 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace: Brocksellition (City, town, or county) Holland (State or foreign country)
10. Usual occupation: Painter
11. Industry or business: Retired

FATHER
12. Name: John DeHues
13. Birthplace: No information (City, town, or county) Holland (State or foreign country)

MOTHER
14. Maiden name: Jennie Van Dunelin
15. Birthplace: No information (City, town, or county) Holland (State or foreign country)

16. (a) Informant: Mr. Lester DeHues (Son)
(b) Address: 2029 Quincy K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Mrs. C. L. Forster
(b) Address: 918-920 Brooklyn K.C.Mo.
19. (a) 5-18-45 (Date received local registrar) (b) M Barrin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1945 hour 10:00 minute P. M.
21. I hereby certify that I attended the deceased from Apr 1 1945 to May 19 1945; that I last saw him alive on May 18 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: DUODENAL ULCER PERFORATED. HEMORRHAGE BOWELS. Duration 12 HRS.
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death): N
Major findings: Of operations: N
Of autopsy: DUODENAL ULCER WITH HEMORRHAGE

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: [illegible] (M.D. or other)
Address: [illegible] Date signed 5-19-45

1159 (Licensed Embalmer's Statement on Reverse Side)

SEP 20 1954

SEP 30 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Registered Apprentice No.....,

working under my personal supervision.

Signed Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.